

Surveys and Program Evaluations **For Use by Cancer Resource Centers** *Last Updated: 7/27/04*

Program evaluation is a necessary process in determining the worth of a program and the reasons for a program's success. To gain a better understanding of the role of program evaluation in the process of developing a resource center or other cancer information program, you may wish to take a formal course in health program evaluation. These courses are available at local colleges and universities, as well as some health departments. There are also many books and web sites that describe program evaluation and may be useful to you.

Internet resources include:

Introduction to Program Evaluation for Comprehensive Tobacco Control Programs:

http://www.cdc.gov/tobacco/evaluation_manual/contents.htm

Program Development and Evaluation Unit of the University of Wisconsin:

<http://www.uwex.edu/ces/pdande/>

MEASURE Evaluation from the Carolina Population Center at the University of North Carolina at Chapel Hill: <http://www.cpc.unc.edu/measure/>

Types of Evaluation

There are two main types of evaluation. Process evaluation is used to determine how well a program is being implemented, whether its procedures and activities are taking place as planned, and who is being reached by the activities. Outcome evaluations are used to identify changes that have occurred because of the program and whether the program has achieved its objectives. Most of the survey questions given to users of a resource center are concerned with outcome evaluation. You may wish to perform a process evaluation of your resource center's services before undertaking an outcome evaluation, to ensure that your resource center services are being offered as planned.

Before designing a survey for users of your resource center, you should identify the types of information you hope to gain from the survey. In other words, what do you want to know about your services? Are you trying to assess the quality of your program, staff, or materials? Do you want to identify the changes in behaviors, knowledge, and/or attitudes of your patrons as a result of your services? What criteria will you use to determine whether or not the resource center's services are effective? What actions do you want or expect to take as a result of the responses you receive?

Additional Considerations:

Approval of survey: Do you need IRB approval to perform your survey? Do you need the approval of an administrator or research department in your facility before performing a survey?

What method will you use to collect the information? Written, telephone, email, in-person
Written surveys—how do you get the survey to the visitor (eg. Put it in their packet of information, do you mail it to them at a later date, do you hand it to them when they return their books, etc.)? How does the individual return the survey to you (do you have

the budget for postage paid return envelopes, do you have a box where people can drop the surveys, etc.)

Telephone surveys—do you have the individual's permission to call them? Do you have the staff available to perform telephone surveys?

How will you collect and process the data? Will your institution provide technical assistance to create a database for the data? If not, do you have a staff member with the skills to create a database to track the data?

Questions Used by Other Cancer Resource Centers:

Below are some of the different types of questions you may wish to ask on your survey, which have been used by other cancer resource centers. Note that some of the questions listed ask for the same information but in a different way. Before selecting questions, be sure that you have determined the purpose of your survey. Keep in mind that the fewer questions you include, the more likely visitors are to complete the survey.

I. Demographics Questions

Below are questions that would be used to obtain demographic information about the users of your services. This information is helpful for preparing annual reports and identifying which groups of people are using your resource center. It also serves to help you recognize those groups of people you are not reaching, so that you can investigate why they are not utilizing your service and how you can better meet their needs. The data obtained from these questions is considered to be factual or hard data.

What is your zip code? _____

Which of the following best describes you (check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Cancer Patient/Survivor | <input type="checkbox"/> Friend/Family of Cancer Patient | <input type="checkbox"/> General Public |
| <input type="checkbox"/> Health Professional | <input type="checkbox"/> Employee | <input type="checkbox"/> Student Doing Research |

Age group: ☐ 19 or younger ☐ 20-29 ☐ 30-39 ☐ 40-49
 ☐ 50-59 ☐ 60-69 ☐ 70 or older

Ethnic background: ☐ White, not of Hispanic origin ☐ Hispanic
 ☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander
 ☐ American Indian or Alaska native

Gender: ☐ Female ☐ Male

Education: ☐ Grade school ☐ Some high school ☐ High school graduate
 ☐ Some college ☐ College graduate ☐ Post-graduate training

Language: What language do you usually speak? _____

I am getting this information for:

Myself

My family

A friend

A patient

II. Marketing Questions

These types of questions help you identify how your users are learning about your service. If you formally advertise your services, these questions can help you identify which advertising campaigns are most successful.

I found out about The Learning Center through (select all that apply):

- ☐ A cancer center employee or volunteer
- ☐ New patient packet from the cancer center
- ☐ Another patient or family member at this cancer center
- ☐ A literature rack or bulletin board at this cancer center
- ☐ The cancer center's newsletter
- ☐ A brochure or bookmark outside of the cancer center
- ☐ The cancer center's web site
- ☐ A story in the newspaper
- ☐ Other (please describe) _____

III. Use of Program and/or Access Barriers

These types of questions help in identifying barriers to accessing your services. These questions may also be included as a needs assessment of the types of materials and topics your users would like to have included in the resource center's collection.

**How often have you used the services of the Learning Center for health information?
(visits and/or mailed information)**

First time user

once a week

Once a year

Once or twice a month

Once every 2-3 months

In terms of location, the Learning Center is:

- ☐ well located within the hospital ☐ too far from clinics ☐ difficult to find

The Learning Center hours:

- ☐ are too long ☐ are just right ☐ should expand to include more evenings &/or weekends

We are open Monday through Friday from 9:00 a.m. to 5:00 p.m., with extended hours on Wednesdays, from 7:00 a.m. to 7:00 p.m. Are these hours sufficient for your needs?

- ☐ Yes ☐ No

If not, what additional hours would you suggest? _____

How can we better serve you? _____

Please write down any suggestions for how we might change or improve the resources and services of the Learning Center.

Which ways do you enjoy getting new information?

Reading Listening to tapes Watching videos Going on the Internet

What information were you looking for when you came to the Learning Center? *Please check all that apply.*

I was looking for information on...

- | | |
|---|---|
| <input type="checkbox"/> A particular type of cancer | <input type="checkbox"/> Pain management |
| <input type="checkbox"/> Kinds of treatment | <input type="checkbox"/> Managing other symptoms |
| <input type="checkbox"/> Support groups | <input type="checkbox"/> Clinical trials |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Wasn't looking for specific info |
| <input type="checkbox"/> Advanced cancer/End-of-Life issues/Hospice | |
| <input type="checkbox"/> Nutrition | |
| <input type="checkbox"/> Wanted to check e-mail | <input type="checkbox"/> Other _____ |

Did you find the information that you were looking for?

- ☐ Yes ☐ No (please explain) _____

Which Learning Center resources did you find most helpful?

Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Book(s) | <input type="checkbox"/> Videotape(s) |
| <input type="checkbox"/> Brochure(s) | <input type="checkbox"/> Audiotape(s) |
| <input type="checkbox"/> Internet search for health information | <input type="checkbox"/> Magazine(s)/Newsletter(s) |
| <input type="checkbox"/> Internet for checking e-mail | <input type="checkbox"/> Staff/volunteer |

How useful are the following Learning Center resources to you?

5 = Very useful 3 = Average 1 = Not at all (please circle)

Audiotapes	5	4	3	2	1
Books	5	4	3	2	1
Brochures	5	4	3	2	1
CD-ROMs	5	4	3	2	1
Fliers/Event Postings	5	4	3	2	1
HOPE Web Site	5	4	3	2	1
Internet Access	5	4	3	2	1
Newsletters/Magazines	5	4	3	2	1
Printer	5	4	3	2	1

Staff assistance	5	4	3	2	1
Videotapes	5	4	3	2	1
Video Viewing Area	5	4	3	2	1

Our Learning Center offers different ways accessing information. Please indicate how interested you would be in each of these ways.

1. Checking out books, videotapes, and audiotapes from our lending library.
Very interested Somewhat Not
2. Picking up free brochures and pamphlets.
Very interested Somewhat Not
3. Receiving a monthly email with book reviews and announcements of new resources.
Very interested Somewhat Not
4. Browsing our lending library collection on the web.
Very interested Somewhat Not

Which types of information do you use in the Learning Center?

(please check all that apply)

- General health
- Cancer in general
- Cancer prevention
- Specific cancer (please list) _____
- Cancer-related fiction
- Clinical trials information
- Coping with cancer and/or its treatments
- Complementary health (relaxation, meditation, herbs, etc.)
- Nutrition
- Tobacco cessation
- Caregiving
- Dying and/or bereavement
- Other _____

IV. Satisfaction with Program

Questions about an individual's satisfaction with your resource center should provide information about ways to improve the processes and procedures used in delivering your services.

A. Satisfaction with Service as a Whole

Would you recommend this service to other people?

☐ Yes

☐ No

Why/Why not? _____

B. Satisfaction with Staff

How satisfied were you with the service you received from the Learning Center staff?

☐ very satisfied ☐ satisfied ☐ undecided ☐ unsatisfied ☐ very unsatisfied

Was the staff person or volunteer who helped you: (check any that apply)

- ☐ Courteous
- ☐ Rude
- ☐ Patient
- ☐ Hurried
- ☐ Knowledgeable or able to refer me to someone who could help

How much time did the staff person or volunteer spend helping you with your request?

☐ 3-5 minutes ☐ 6-10 minutes ☐ 11-20 minutes ☐ 30 minutes or more

Was the amount of time the staff person or volunteer spent with you:

☐ Just right ☐ Needed more time ☐ Needed less time

C. Satisfaction with Materials

Name of borrowed item(s):

Did you find the item(s) helpful? Very helpful
Helpful
Somewhat helpful
Disappointing

If you answered somewhat or disappointing, please comment below why it was not helpful.

Do you have any suggestions for future additions to the education center?

**Can you think of other topics that you would like to find covered in our library?
Please indicate:**

The information you received:

☐ was too much ☐ was just enough ☐ I needed more information

V. Outcome Questions

Effect of Services on Patient's Care

Because of my visit to the Learning Center, these things occurred: *(please check all that apply)*

- ☐ I learned more about an illness or health concern
- ☐ I will compose a list of questions to ask my doctor or other health care provider.
- ☐ I will find it easier to follow instructions my doctor or provider gave me.
- ☐ I better understood information I received from my doctor or provider.
- ☐ I used the information I received to help me make a decision about treatment options.

Reading the health information provided, resulted in: *(check all that apply)*

- Better self care
- Better care for a family member
- Obtaining appropriate medical care
- Relevant questions to ask the doctor
- Improved communication with the doctor
- Better decision-making on treatment choices
- Deciding what the next step will be in obtaining health care

Changes to Patron's Behaviors

Will you take any of the information you received to your doctor or healthcare provider?

- ☐ Yes ☐ No

Because of the information you received, have you or do you plan to change habits to reduce your risk for cancer?

- ☐ Yes ☐ No

Because of my visit to the Learning Center, these things occurred: *(please check all that apply)*

- ☐ I will share information with family members, friends or co-workers.
- ☐ I plan to make changes to my lifestyle.
- ☐ Changing habits to lead to a healthier life

Changes to Patron's Knowledge

To what extent do you agree with the following statements (1=don't agree 2 = neither agree nor disagree 3=Agree)

As a result of the information provided by the resource center, I became more knowledgeable about my diagnosis.

As a result of the information provided by the resource center, I became more knowledgeable about my treatment options.

Reading the health information provided, resulted in: (*check all that apply*)

- Learning more about the condition
- Knowing what to expect in preparing for tests or treatments
- More questions, as the information was not detailed enough
- Problems understanding the information
- Understanding the information and all my questions were answered

Changes to Patron's Attitudes

To obtain data on whether patrons believe the information provided by the service changes their attitudes about their health concern.

Because of my visit to the Learning Center, these things occurred: (*please check all that apply*)

- ☐ I am less anxious about my illness or health concern.
- ☐ I am more anxious about my illness or health concern.
- ☐ I feel no different about my illness or health concern.

Contacts:

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Huntsman Cancer Institute

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Ohio State University Medical Center

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James Cancer Hospital & Solove Research Institute
Library for Health Information in the Atrium

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